****

**Department of Revenue**

TREASURY DIVISION

CASH MANAGEMENT

PO Box 110406

Juneau, Alaska 99811-0406

**Main:** 907.465.2360

**Fax:** 907.465.4397

|  |
| --- |
| **DEPOSITORY SUBACCOUNT REQUEST** |
| **Title**:       **(*DMV Only*) FEIN:**  |
| **City/Town Location:**  |
| *(For Treasury use only)**Subaccount #: Date Added to Subaccount List:*  |
| **Department:**  | **Physical Address:** |
| **Division:**  |  |
| **Mailing Address:**  |  |
| **City:** **AK Zip Code:** | **City:       AK Zip Code:** |

1. Provide a brief description of the types of payments (cash or checks) that will be deposited to this subaccount and provide an estimated dollar amount being deposited each week *(Attach extra sheets if necessary)*.
2. Will there be cash and coin deposited? Yes [ ]  No [ ]
3. Select the bank to which deposits will be delivered. If choosing Wells Fargo or First National, please provide a brief justification.

 [ ]  Key Bank (**Primary**) [ ]  Wells Fargo [ ]  First National Bank Alaska [ ]  **BEACHES/ACH Transfer**

1. Will this account use Remote Deposit Capture (RDC)? *Please see AAM 50.140* Yes [ ]  No [ ]

 If yes, please provide the list of names that need access to RDC *(Attach extra sheets if necessary)*:

|  |  |  |
| --- | --- | --- |
| **Name** | **Email Address** | **Phone Number** |
|  |  |  |
|  |  |  |
|  |  |  |

1. If you would like to request direct coding for this subaccount please download and complete a Direct Coding Template Spreadsheet from the ‘Forms’ section of the Cash Management website and submit it with this application. <http://treasury.dor.alaska.gov/Cash-Management/Forms>
2. Please provide the contact information for the person who is responsible to receive and process NSF items, foreign currency adjustments, and other bank adjustments related to this subaccount.

|  |
| --- |
| **NSF Contact Name:** **Phone:** |
| **Email:**  |

**Subaccount Requestor:       Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| *All Deposits to this sub account will comply with cash control procedures as stated in the Alaska Administrative Manual, section AAM 50 – Cash***Approved by Dept Finance Officer:       Date: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |